

**RULES  
OF  
TENNESSEE DEPARTMENT OF HEALTH  
BUREAU OF HEALTH SERVICES**

**CHAPTER 1200-20-3  
HEALTH ACCESS PROGRAM**

**TABLE OF CONTENTS**

1200-20-3-.01	Introduction	1200-20-3-.07	Designation of Health Resource Shortage Areas for Primary Care, Obstetrics, Pediatrics, Dental Care, and TennCare
1200-20-3-.02	Definitions	1200-20-3-.08	Procedure to Contest Denial of Application
1200-20-3-.03	Health Access Program	1200-20-3-.09	Annual Funding Distribution
1200-20-3-.04	Health Access Incentive Grant Program		
1200-20-3-.05	Restrictions on Eligibility		
1200-20-3-.06	Designation of Rational Service Areas		

**1200-20-3-.01 INTRODUCTION.** The Health Access Act of 1989 created the State Treasurer's Health Access Incentive Account and was enacted to improve health access for the citizens of Tennessee by encouraging health care practitioners to locate within areas of the state designated as Health Resource Shortage Areas. Funds authorized under this Act may be used to assist communities to enhance health access by identifying appropriate practitioners of health care to provide services or locate practices.

**Authority:** T.C.A. Sections 4—5—202, 66—29—151, 68—1—102(b), and 68—1—103. **Administrative History:** Original rule filed October 24, 1990, effective December 12, 1990. Amendment filed December 3, 1991; effective January 17, 1992. Repeal and new rule filed April 19, 1994; effective July 3, 1994. Repeal and new rule filed April 19, 2000; effective July 3, 2000.

**1200-20-3-.02 DEFINITIONS.** The following definitions shall apply to terms as they appear in these rules of the Department of Health, unless the context clearly requires otherwise.

- (1) Approved Training Program - An Accreditation Council on Graduate Medical Education (A.C.G.M.E.)-approved post-medical school graduate study, completion of which allows a practitioner to be board-eligible and is a prerequisite for Board certification of physicians in family medicine, pediatrics, internal medicine, preventive medicine, and/or obstetrics and gynecology by the American Board of Family Practice, the American Board of Pediatrics, the American Board of Internal Medicine, the American Board of Preventive Medicine, or the American Board of Obstetrics and Gynecology, respectively; or, an American Osteopathic Association approved post-medical school graduate study, completion of which allows a practitioner to be board-eligible and is a prerequisite for certification of physicians in family medicine, pediatrics, internal medicine, and/or obstetrics and gynecology by the American Osteopathic Board of General Practice, the American Osteopathic Board of Pediatrics, the American Osteopathic Board of Internal Medicine, or the American Osteopathic Board of Obstetrics and Gynecology, respectively; or, a regionally accredited master's level education program that leads to certification eligibility in Tennessee as a nurse practitioner or a nurse practitioner with a specialty in midwifery; or, a nationally accredited bachelor's or master's level educational program that leads to licensure in Tennessee as a physician assistant; or, graduation from an approved United States School of Dentistry accredited by the American Dental Association.

All physicians must be either Board-eligible or Board-certified to qualify for the Health Access Program.

- (2) Area-Metropolitan - Any area within the boundaries of Davidson, Hamilton, Knox, and Shelby counties of the State of Tennessee.

(Rule 1200-20-3-.02, continued)

- (3) Area-Rural - An area that is not an area-metropolitan.
- (4) Commissioner - The Commissioner of the Tennessee Department of Health or his/her designee.
- (5) Community - A society or body of people living in the same place, under the same laws and regulations, who have common rights, privileges, or interests.
- (6) Contract - An agreement between a health care practitioner or a non-physician health care practitioner and the State of Tennessee consisting of a promise or mutual promises which the law will enforce.
- (7) Contract Start Date - The official start date reflected in the contract agreement between the Department of Health and the Health Access Incentive Grant recipient. A practitioner may begin practice in a HRSA prior to the contract start date as long as the application was made prior to the initiation of practice. The practitioner's contract start date cannot begin until the practitioner has submitted proof of full credentials to the Tennessee Department of Health.
- (8) Dental Care Practitioner (DCP) - This category consists of Tennessee licensed dentists. A dentist is anyone who practices general dentistry (as it is defined below).
- (9) Department (TDH) - The Tennessee Department of Health.
- (10) General Dentistry - The practice of dentistry and dental hygiene. Any person is deemed to be practicing dentistry who diagnoses, prescribes for or treats any disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws, or associated structures.
- (11) Health Access Incentive Account - A special account within the State treasury established pursuant to the provisions of the Health Access Act of 1989, now found at T.C.A. Section 66—29—151. Amounts in the account are to be used to encourage location of appropriate practitioners of health or dental care or the expansion of health or dental care services in HRSA's through programs developed by the Commissioner.
- (12) Health Care Practitioner (HCP) - This category consists of Tennessee licensed physicians with a specialty in family practice, general internal medicine, pediatrics, preventive medicine, obstetrics or obstetrics/gynecology.
- (13) Health Care Provider (HCPRO) - This category consists of health care practitioners (HCP's) and non-physician health care practitioners (NPHCP's).
- (14) Health Professional Shortage Area (HPSA) - A geographical area which is designated by the Secretary of the U.S. Department of Health and Human Services as having a shortage of health professionals (formerly Health Manpower Shortage Area).
- (15) Health Resource Shortage Area (HRSA) - An area designated by the Commissioner with inadequate resources in place to ensure access to primary, pediatric or obstetrical medical care, dental care or TennCare services. It includes federally designated HPSA's for the four metropolitan areas and State-designated Health Resource Shortage Areas for Primary Care, Obstetrics, Pediatrics, Dental Care, as well as TennCare.
- (16) Health Resource Shortage Area for Dental Care - An area in the state of Tennessee designated by the Commissioner as having a shortage of DCP's.
- (17) Health Resource Shortage Area for Obstetrics - An area in the state of Tennessee designated by the Commissioner as having a shortage of HCPRO's who provide obstetrical care.

(Rule 1200-20-3-.02, continued)

- (18) Health Resource Shortage Area for Pediatrics - An area in the state of Tennessee designated by the Commissioner as having a shortage of pediatric practitioners.
- (19) Health Resource Shortage Area for Primary Care - An area in the state of Tennessee designated by the Commissioner as having a shortage of HCPRO's who provide primary care.
- (20) Health Resource Shortage Area for TennCare - An area in the state of Tennessee designated by the Commissioner as having a shortage of HCPRO's who provide TennCare services.
- (21) J-1 Physician - A foreign medical graduate who was admitted to the United States on a J-1 visa, or who acquired such status after admission to the United States, and who is required to return to the country of his or her nationality or last residence upon the completion of their participation in an exchange visitor program.
- (22) Locum Tenens - A health care practitioner who temporarily takes the place of another health care practitioner by agreement with the Department and who is licensed to practice in Tennessee. Locum tenens is available to Health Access Incentive Grant recipients currently on contract with the Department of Health.
- (23) Managed Care Organization (MCO) - An entity rendering or arranging necessary medical services to persons who are or would have been eligible under the Medicaid program as it was administered during state fiscal year 1992-93 and non-Medicaid eligible Tennesseans who are uninsured or who are uninsurable and who are enrolled in the TennCare managed care program. MCO's are pre-paid by the State of Tennessee a monthly capitation payment authorized and consistent with a Section 1115 waiver of the Social Security Act granted by the Health Care Financing Administration, U.S. Department of Health and Human Services.
- (24) Medical Recruitment Fair - A combined effort between the Department of Health and local communities to help place primary care physicians, dentists, nurse practitioners, nurse midwives, and physician assistants in areas of Tennessee with inadequate access to primary medical or dental care. The recruitment fair offers an opportunity for providers to meet with representatives of Tennessee's underserved communities to discuss present and future practice opportunities.
- (25) National Health Service Corps (NHSC) - A program which places U.S. Public Health Service personnel in areas with a critical shortage of health professionals for the purpose of improving the delivery of health care and services to persons residing in such areas.
- (26) Non-Physician Health Care Practitioner (NPHCP) - A certified nurse practitioner, or a licensed physician assistant, or a certified nurse practitioner with a specialty in midwifery providing primary care to the general population.
- (27) Office of Health Access - The office within the Tennessee Department of Health's Bureau of Health Services officially designated to administer the Health Access Incentive Grant Program.
- (28) Permanent Resident - A person who has been lawfully admitted to reside in the United States for an indefinite period of time. Permanent residents are issued a green card, but they are not U. S. citizens. Permanent residents may apply for U.S. citizenship: (a) once they have had a green card for five (5) years; or (b) once they have had a green card for three (3) years and are married to a U. S. citizen.
- (29) Population - The number of persons residing in an area according to the most recent census in the most current issue of "Current Population Reports" as determined and published by the U.S. Department of Commerce, Bureau of Census.
- (30) Population to Provider Ratio - The ratio derived by dividing the population of the area by the number of HCPRO's providing primary care services in the area. The full-time equivalent will be calculated

(Rule 1200-20-3-.02, continued)

by including HCPRO's, regardless of their age, working part-time, as well as full-time hours. Also included will be J-1 HCP's and HCPRO's placed by the National Health Service Corps. Interns, residents, and faculty are excluded.

- (31) Practice Start Date - The agreed upon date that a HCPRO commences practice in a designated HRSA.
- (32) Practice Visits - The total number of Medicare, TennCare, private pay patients, and all other patient visits seen by the provider during any calendar month.
- (33) Precepting Physician - A Tennessee licensed physician whose practice incorporates a non-physician health care practitioner. The precepting physician supervises and directs the delivery of delegated medical services by the non-physician health care practitioner. The services may be delegated by a written protocol format.
- (34) Primary Care - Basic entry level of health care rendered by HCPRO's, usually in an outpatient setting. This type of service delivery emphasizes caring for the patient's general health needs as opposed to a more specialized approach to medical care.
- (35) Private Pay - A person who is not covered by either public, private or employer-provided comprehensive health insurance.
- (36) Protocol - Written guidelines for medical management of patients that are sufficient in detail to include the scope of delegated medical management duties. It is jointly prepared and accepted by a physician and a non-physician health care practitioner consistent with State law.
- (37) Rational Service Area - Rational Service Areas are individual counties (or groups of counties) or communities that have displayed certain obvious primary care, pediatric or obstetrical care service patterns for residents of that county or community and/or surrounding areas. Determining factors for delineating rational service areas include, but are not limited to, natural or artificial barriers (mountains, bad roads), geographic patterns of care, the presence or absence of health professionals or facilities, and patients' payment capabilities.
- (38) Regional Health Office (RHO) - One of a number of single or multiple-county offices, each headed by a director, which is designated by the Department to oversee provision of public health services in a well-defined geographic area.
- (39) Solo Practice - Delivery of medical services where a physician practices without another physician and where back-up coverage is not available.
- (40) TennCare - A comprehensive managed care program for reforming the delivery of health care services in Tennessee. TennCare was granted as a research and demonstration waiver by the Health Care Financing Administration U. S. Department of Health and Human Services, under Section 1115 of the Social Security Act, and was designed to provide quality health care services to Tennessee's low-income, uninsurable, and uninsured populations.
- (41) TennCare Population to TennCare Provider Ratio - The ratio derived by dividing the TennCare population of the area by the number of HCPRO's providing TennCare services in the area. The full-time equivalent will be calculated by including HCPRO's, regardless of their age, working part-time, as well as full-time hours. Also included will be J-1 HCP's and HCPRO's placed by the National Health Service Corps. Interns, residents, and faculty are excluded.

**Authority:** T.C.A. Sections 4—5—202, 66—29—151, 68—1—102(b), and 68—1—103. **Administrative History:** Original rule filed October 24, 1990; effective December 12, 1990. Amendment filed December 3, 1991; effective January 17, 1992. Repeal and new rule filed April 19, 1994; effective July 3, 1994. Repeal and new rule filed April 19, 2000; effective July 3, 2000.

(Rule 1200-20-3-.02, continued)

**1200-20-3-.03 HEALTH ACCESS PROGRAM.** The purpose of the Health Access Program is to assist communities to enhance health access by identifying appropriate practitioners of health care to provide services or locate practices and to provide health or dental care services. The activities within the Program will be coordinated with programs or institutions involved in the training of HCPRO's and DCP's. Funds made available for this program may be used for, but are not required to be used for, the following activities.

- (1) Health Access Community Initiatives – Programs developed by communities and approved by the Commissioner to recruit, place, and retain health and/or dental care practitioners, or expand health or dental care services. Programs must be implemented pursuant to guidelines established by the Department.
- (2) Advertising and Mass Mailings - Activities to inform HCPRO's of practice opportunities throughout the state;
- (3) Medical Recruitment Fair - An assembly of representatives of underserved communities designed to introduce HCPRO's and DCP's to the services available through the Department and the practice opportunities available to them in Tennessee;
- (4) Travel for HCPRO's and DCP's - Reimbursement for prospective HCPRO's and DCP's for travel expenses incurred during visits to HRSA communities and for the recruitment fair. Such reimbursement shall be made in accordance with the State Comprehensive Travel Regulations, as approved by the Department of Finance and Administration, Accounts Division. Such travel provisions may include a spouse or guest of the prospective provider.
- (5) Training Program Visits - Visits to approved training programs, both in and out of state, for the purpose of recruiting DCP's and HCPRO's;
- (6) Provider Placement Computerized Clearinghouse - A computerized tracking system to monitor and evaluate recruitment activities; and
- (7) Health Access Incentive Grants - Grants awarded to individual HCPRO's or DCP's to encourage them to locate a practice in a HRSA and as further delineated in 1200—20—3—.04 through 1200—20—3—.09.

**Authority:** T.C.A. Sections 4—5—202, 66—29—151, 68—1—102(b), and 68—1—103. **Administrative History:** Original rule filed October 24, 1990, effective December 12, 1990. Amendment filed December 3, 1991; effective January 17, 1992. Repeal and new rule filed April 19, 1994; effective July 3, 1994. Repeal and new rule filed April 19, 2000; effective July 3, 2000.

**1200-20-3-.04 HEALTH ACCESS INCENTIVE GRANT PROGRAM.** The purpose of the Health Access Incentive Grant Program is to provide or improve health access by encouraging the location of health and dental care providers in Health Resource Shortage Areas (HRSA's). Only providers who are willing to locate a practice in one of the 30 most underserved HRSA counties of the state will be eligible for an incentive grant. However, no HCPRO or DCP shall participate in the Health Access Incentive Grant Program until the participation has been reviewed by the RHO.

- (1) Incentive Grant Program
  - (a) Eligibility Criteria. A candidate for the Incentive Grant Program shall:
    1. be a HCPRO or DCP as defined by the Health Access Rules and Regulations;
    2. be a citizen or permanent resident of the United States;

(Rule 1200-20-3-.04, continued)

3. have good moral character;
4. have no conviction of a felony;
5. be enrolled in, or have completed, an approved training program;
6. submit a completed application on the form furnished by the Department;
7. be recommended for the program by the Regional Health Office;
8. be eligible for and obtain prior to the contract start date an unencumbered Tennessee licensure (and/or complete certification) to practice the candidate's profession;
9. if an HCP or DCP, obtain an unencumbered United States Drug Enforcement Administration certification for prescribing controlled substances in Tennessee;
10. if an NPHCP, pass the national certifying examination for physician assistants or nurse practitioners;
11. if an NPHCP, obtain a Tennessee-issued Permanent Certificate of Fitness to prescribe and/or issue non-controlled legend drugs from the Tennessee Board of Nursing;
12. not have provided primary care services or general dentistry in a HRSA in Tennessee within the previous 12 months of the application, excluding medical or dental education and training;
13. be willing to locate or relocate a practice into an HRSA;
14. if an NPHCP, be precepted by a physician who is a provider of the type of primary care services to be offered by the NPHCP, and who has agreed to abide by the requirements set out in Rule 1200—20—3—.04(1)(a)(1) through (15), and who practices at a site approved by the Department; and
15. not have had their license suspended or revoked in another state.

(b) Governmental Participation

1. An HCPRO or DCP can be an employee of the Department of Health or one of its regional or local health offices as long as all other provisions of these rules are met. If the HCPRO or DCP is applying for a public health position, approval of the recommendation must be made by the Commissioner before a letter of approval is initiated.
2. Any incentive grant payment to the applicant can only be made pursuant to an approved waiver by the Department of Finance and Administration permitting a State employee to receive compensation from multiple State sources.
3. An applicant may apply to the Health Access Incentive Grant Program as early as one year prior to obtaining Tennessee licensure; however, once the applicant is recommended for a Health Access Incentive Grant, the applicant must obtain full credentials before a contract can be initiated and before payment can be processed.
4. Evaluation of an applicant for a grant is not possible until all of the application is complete and all supporting documents have been submitted. Applications shall be considered in order of submission.

(Rule 1200-20-3-.04, continued)

## (c) Letter of Intent Policy

1. A letter of intent will be issued to a grant applicant if it is determined by the Office of Health Access that the applicant appears to be eligible to participate in the program. This letter is not a contract, but rather an assurance that, if the applicant is found to be eligible to participate in the program on the proposed practice start date, the proposed practice site in the HRSA described in the letter shall remain available to the applicant even if that site has lost its designation as a HRSA in the meantime. However, no such letter of intent shall be issued prior to the twelve (12) months before the anticipated practice start date. A letter of intent shall not be binding, a contract being required to bind the State.

(d) Grant Recipient Requirements. The following subsections of these rules are not intended to prevent or restrict the HCPRO or DCP from receiving payment for health care services or general dentistry rendered to a patient when there is a responsible third party payor, such as a private insurance plan or a State or federal agency charged with providing or paying for a patient's health care services. Thus, the HCPRO or DCP may undertake to receive payment for the HCPRO's or DCP's services from any third party payors' obligation, except where otherwise prohibited by Medicaid and/or TennCare rules. A grant recipient shall comply with each of the following.

1. Execute a contract expressing an intent to commence delivering services as an HCPRO or DCP in an HRSA in Tennessee;
2. Have a precepting physician if the grant recipient is a non-physician health care practitioner;
3. Obtain and maintain professional malpractice liability insurance in an amount not less than one million dollars (\$1,000,000) per person per incident and a minimum of three million dollars (\$3,000,000) per incident and shall provide proof of insurance;
4. Not currently be participating in a drug or alcohol treatment program for chemical abuse or dependency at the direction or order of the Tennessee Board of Medical Examiners, Tennessee Board of Dentistry, the Tennessee Board of Osteopathic Examination or the Tennessee Board of Nursing pursuant to that Board's authority to deny, suspend, revoke or otherwise discipline an applicant or licensee pursuant to the authority of T.C.A. Sections 63—5—124, 63—6—214, 63—7—115 and 63—9—111;
5. If impaired, be in compliance with the Impaired HCPRO Peer Review Committee's Continued Care Contract or the DCP's Concerned Dentist Committee;
6. Not accept or have accepted any other financial assistance that carries with it a service obligation that in any way overlaps or conflicts with this grant program;
7. Provide services at a facility that has a written policy which ensures that 24-hour, 7-days-a-week coverage is available and arrangements for such are publicized consistent with these rules. A sample of an acceptable sign is available from the Department;
8. Provide health care services or general dentistry to residents of the HRSA without discriminating against them because:
  - (i) of their inability to pay for those services. The HCPRO or DCP may not refuse to see patients because of their inability to pay. However, when 15% or more of the HCPRO's or DCP's monthly practice visits are comprised of unreimbursed care to private pay patients, the HCPRO or DCP may refuse to see new private pay

(Rule 1200-20-3-.04, continued)

patients who are unable to pay for their care, until such time as the HCPRO's or DCP's unreimbursed, private pay case load falls below 15%;

or

- (ii) the payment for these health visits will be made under part A or B of Title XVIII of the Social Security Act (42 U.S.C. 1395) ("Medicare") or under the State plan for medical assistance approved under Title XIX of that act (42 U.S.C. 1396) ("Medicaid"- "TennCare");
9. Accept Medicare assignments as payment in full under section 1842 (b)(3)(b)(ii) of the Social Security Act to provide services to individuals entitled to medical assistance under the plan. This section does not apply to DCP's;
  10.
    - (i) Enter into appropriate provider agreement(s) with one or more Managed Care Organizations participating with the Bureau of TennCare, which administers the plan for medical and dental assistance under Title XIX of the Social Security Act.
    - (ii) The provider must enroll with a sufficient number of MCO's that provide insurance coverage to at least 51% of TennCare participants enrolled in the provider's primary county of practice. In the event that one or more MCO's have closed enrollment to new providers which would not allow the recipient to meet this criteria, the provider must demonstrate to the Department that a good faith effort was made and that the provider has enrolled in all other MCO's accepting new providers.
  11. Make known to the HRSA population the conditions and policies herein agreed to by placing a notice in the waiting room(s) of the practice site(s) containing the information set out in subsections 1200—20—3—.04 (1)(d) 8 and 9 of these rules;
  12. Submit monitoring and practice documents as requested by the Commissioner concerning the conduct of the practice;
  13. Cooperate with Department assessments of program effectiveness and quality, including on-site quality assurance evaluation of practice treatment facilities and records;
  14. Grant the Department, which shall maintain full confidentiality, reasonable access to all records maintained by the practice which are pertinent to ascertaining compliance with the terms of the grant contract;
  15. Operate the practice consistent with established standards recognized or adopted by the appropriate health care specialty;
  16. Receive prior written approval from the Commissioner prior to effecting any transfer of the HCPRO's or DCP's practice from one designated HRSA to another. This approval is not a matter of right, but rests in the discretion of the Commissioner;
  17. Accept presumptive eligibility for prenatal patients if the provider offers obstetrical services;
  18. Accept referrals from the Department for private pay patients (up to 15% of the HCPRO's or DCP's practice visits) in the HRSA in which the provider practices; and
  19. Notify the Department in writing within seven working days of any malpractice suit brought against the provider, as well as any dismissal from an MCO, any adverse action



(Rule 1200-20-3-.04, continued)

taken against you which would affect your ability to meet the requirements of these rules, and any disciplinary action against you or your license.

(e) Restrictions of Program

1. The approved candidate shall be responsible for the payment of any and all taxes due as a result of the receipt of the grant.
2. Recipients of Practice Incentive Grants will be paid at the beginning of the obligated period of service. The minimum obligation period for a Practice Incentive Grant recipient is three (3) years. Additional service time may be required by the RHO with the approval of the Department.
3. Recipients of an Extended Term Incentive Grant are not eligible to receive a Locum Tenens Grant.
4. Grant payment shall be made within 45 days of the receipt of a signed invoice and contract; however, no payment shall be made prior to the practice start date.
5. The HCPRO or DCP is obligated for the period of service as defined in the Grant Agreement and these rules.
6. The period of obligation must be served in an HRSA location approved by the Commissioner.
7. Fraud or misrepresentation in the application process will render an applicant ineligible for consideration. Should fraud or misrepresentation in the application process be determined after the grant is awarded and grant funds are paid to the HCPRO or DCP, payback damages as described in 1200—20—3—.04—(l)(f) shall be required. In such a case, the time served shall not be a factor in determining the 3-to-1 payback provisions.

(f) Payback In Lieu of Service in an HRSA

1. Payback damages of the total of all grant funds paid to an HCPRO or DCP by the State at the rate of three dollars for every dollar of grant funds received will relieve the recipient of the obligation to serve in an HRSA. This payback is due in full within 90 days of the date the health care provider or DCP ceases to practice in an HRSA. In the event that the grant recipient fails to completely perform the recipient's practice obligation, the 3-to-1 payback becomes due on the unserved portion of the obligated period. Credit for service shall be applied for each full year of completed service in the HRSA.

(g) Cancellation of the Payback Obligation

1. The practice or default payback obligation may be canceled by the State upon the approval of the Commissioner, if the grant recipient dies or becomes permanently and totally disabled (and thereby rendered incapable of practicing his or her profession) before fulfilling the terms of his or her contract.
2. The Commissioner has the discretion to alter the payback obligation for a provider who ceases to practice in a HRSA, if it is determined that special and unusual circumstances exist. However, such reduction must be approved pursuant to T.C.A. Section 20—13—103.

(h) Deferment

(Rule 1200-20-3-.04, continued)

1. All practice obligations and payback obligations may be deferred during any period of time in which one or more of the following are applicable:
  - (i) the recipient's license or certificate to practice is suspended or revoked for causes resulting from a mental or physical disability or impairment which prevents the recipient of a grant from practicing the recipient's profession; or
  - (ii) a mental or physical disability or impairment prevents the recipient of a grant from practicing the recipient's profession; or
  - (iii) the recipient is granted a deferral for a specified amount of time to continue his/her medical training which will enable him/her to perform additional primary care services needed within the approved service area. (This deferral must be approved in writing in advance by the Commissioner or his/her designee); or
  - (iv) other special circumstances which may exist that prevent the recipient from meeting contractual obligations as approved by the Commissioner or his/her designee.
2. Any such deferment shall be requested in writing to the Commissioner. Deferments not so requested within thirty (30) days of the onset of any of the grounds listed above may be denied for that failure alone.
  - (i) Selection of Grant Recipients
    1. The Department shall establish criteria for the funding level and priority of Health Access candidates. Based upon the developed criteria, point totals will be assigned to applications contingent upon practice type, designation status, degree of shortage, length of commitment, probability applicant will choose to practice in the underserved area without benefit of a grant and poverty level. Point values will be totaled and the funding amount calculated against the maximum eligible grant award. Maximum grant awards have been established at \$50,000 for HCP's and DCP's and \$30,000 for NPHCP's.
    2. A candidate who meets all the previously setout criteria shall be interviewed by the appropriate RHO and assessed for appropriateness to the community. The RHO shall make recommendations to the Office of Health Access.
    3. If sufficient funds are not available for all appropriate candidates within an RHO region, candidates will be prioritized initially by RHO, if there is more than one applicant. The Office of Health Access, with input from all RHO's that have insufficient funds for their appropriate candidates, will make a recommendation to the Commissioner as to which of the candidates should be awarded grants. The Commissioner will determine which candidates receive grants.
- (2) Types of Grants. This section describes the types of grants an HCPRO or DCP may be awarded under the Health Access Incentive Grant Program. The RHO will recommend to the Office of Health Access the type(s) and amount of the grant a recipient shall receive, as well as the length of the recipient's obligation period and any other stipulations placed on the grant. The Commissioner will make the final grant award. No application for a grant shall be considered by the Department without the recommendation of the appropriate RHO.
  - (a) Practice Incentive Grant
    1. A grant which is available to an HCPRO or DCP to support his/her primary care or general dentistry practice in an HRSA.

(Rule 1200-20-3-.04, continued)

(b) Locum Tenens Grant

1. Health Access HCP's in solo practice in an HRSA may be awarded a grant to cover the cost of locum tenens physicians.
2. The locum tenens physician shall have an unencumbered license to practice medicine in Tennessee, have unencumbered U.S. Drug Enforcement Administration authority for prescribing controlled substances, and have professional liability insurance coverage of at least one million dollars (\$1,000,000) per person per incident and a minimum of three million dollars (\$3,000,000) per incident. It shall be the duty and responsibility of the solo HCP to obtain documentation of these requirements.

(c) Extended Term Incentive Grant

1. A grant which is available to an HCPRO to assist the practitioner in maintaining his/her practice in an HRSA once the provider's initial Practice Incentive Grant or NHSC obligation has been completed.
2. A recipient of an Extended Term Incentive Grant will have grant funds placed in an interest bearing account. Interest will be credited monthly at the same rate as is credited to other Tennessee Treasury Department earnings pursuant to T.C.A. Section 9—4—603. Should the obligation period not be completed for any reason, other than death or disability or other special, extenuating circumstances as approved by the Commissioner, the entire balance shall be forfeited. If a grant recipient's Extended Term Grant is terminated early, upon the approval of the Commissioner, the grant recipient shall be credited with time served and any further commitment between the Department and the grant recipient will cease.
3. A grant recipient would be entitled to sign only one extended term contract in the contractor's lifetime. This deferred compensation plan, which is subject to the provisions of T.C.A., Title 8, Chapter 25, shall be treated as a 457(f) plan for tax purposes. The HCPRO shall be responsible for payment of all taxes, which shall be due the first calendar year in which there is no substantial risk of forfeiture.

**Authority:** T.C.A. Sections 4—5—202, 20—13—103, 66—29—151, 68—1—102(b), and 68—1—103.

**Administrative History:** Original rule filed October 24, 1990; effective December 12, 1990. Amendment filed December 3, 1991; effective January 17, 1992. Repeal and new rule filed April 19, 1994; effective July 3, 1994. Repeal and new rule filed April 19, 2000; effective July 3, 2000.

**1200-20-3-.05 RESTRICTIONS ON ELIGIBILITY FOR THE HEALTH ACCESS INCENTIVE GRANT PROGRAM**

- (1) An HCPRO must practice primary health care or a DCP must practice general dentistry in an HRSA.

**Authority:** T.C.A. Sections 4—5—202, 66—29—151, 68—1—102 (b), and 68—1—103. **Administrative History:** Original rule filed October 24, 1990; effective December 12, 1990. Amendment filed December 3, 1991; effective January 17, 1992. Repeal and new rule filed April 19, 1994; effective July 3, 1994. Repeal and new rule filed April 19, 2000; effective July 3, 2000.

**1200-20-3-.06 DESIGNATION OF RATIONAL SERVICE AREAS**

- (1) The Commissioner shall designate the rational service areas for the delivery of primary, pediatric, obstetrical or dental care.

- (2) In determining rational service areas for primary, pediatric, or obstetrical care, the Commissioner shall:
  - (a) study and use past patient migration patterns; and
  - (b) use the criteria of 40 miles/one hour travel time for dental care and obstetrical delivery and 20 miles/30 minutes travel time for pediatric and primary care; and,
  - (c) seek advice from the RHO.

**Authority:** T.C.A. Sections 4—5—202, 66—29—151, 68—1—102(b), and 68—1—103. **Administrative History:** Original rule filed October 24, 1990, effective December 12, 1990. Amendment filed December 3, 1991; effective January 17, 1992. Repeal and new rule filed April 19, 1994; effective July 3, 1994. Repeal and new rule filed April 19, 2000; effective July 3, 2000.

#### **1200-20-3-.07 DESIGNATION OF HEALTH RESOURCE SHORTAGE AREAS FOR PRIMARY CARE, OBSTETRICS, PEDIATRICS, DENTAL CARE, AND TENNCARE**

- (1) Pursuant to an annual survey of providers, health resource shortage areas shall be designated. The sole criterion used will be the full-time equivalent provider-to-population ratio in the rational service area. The 30 counties with the worst ratios in each category shall be designated as underserved. This information shall be published in the Annual Health Access Plan Update.

**Authority:** T.C.A. Sections 4—5—202, 66—29—151, 68—1—102(b), and 68—1—103. **Administrative History:** Original rule filed October 24, 1990; effective December 12, 1990. Amendment filed December 3, 1991; effective January 17, 1992. Repeal and new rule filed April 19, 1994; effective July 3, 1994. Repeal and new rule filed April 19, 2000; effective July 3, 2000.

#### **1200-20-3-.08 PROCEDURE TO CONTEST DENIAL OF APPLICATION**

- (1) Any HCPRO or DCP whose application for a Health Access Grant is denied may request a contested case hearing before the Commissioner as provided by the provisions of the Tennessee Uniform Administrative Procedures Act, Tennessee Code Annotated Sections 4—5—301 et seq. The request must be made in writing and submitted to the Director of Health Access within thirty (30) days of receiving written notification from the Department that the application has been denied.

**Authority:** T.C.A. Sections 4—5—202, 4—5—301 et seq., 66—29—151, 68—1—102(b), and 68—1—103. **Administrative History:** Original rule filed October 24, 1990; effective December 12, 1990. Amendment filed December 3, 1991; effective January 17, 1992. Repealed and new rule filed April 19, 1994; effective July 3, 1994. Repeal and new rule filed April 19, 2000; effective July 3, 2000.

#### **1200-20-3-.09 ANNUAL FUNDING DISTRIBUTION**

- (1) For each State fiscal year, Health Access funds shall be allocated according to a plan developed by the Department pursuant to T.C.A. 66—29—151.

**Authority:** T.C.A. Sections 4—5—202, 66—29—151, 68—1—102(b), and 68—1—103. **Administrative History:** Original rule filed October 24, 1990; effective December 12, 1990. Amendment filed December 3, 1991; effective January 17, 1992. Repealed and new rule filed April 19, 1994, effective July 3, 1994. Repeal and new rule filed April 19, 2000; effective July 3, 2000.